

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
with Initial

Submitted with Initial C Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	20193P						
First Named Inventor	El-Sherbeini, et al.						
COMPLETE IF KNOWN							
Application Number							
Filing Date							
Group Art Unit							
Examiner Name							

As a below named invento	or, I hereby declare	that:								
My residence, post office a	ddress, and citizensh	ip are as	stated below next to my name							
			one name is listed below) or is claimed and for which a p							
MURD PROTEIN AND GEI	NE OF PSEUDOMO	NAS AEI	RUGINOSA		•					
		·	(Title of the Invention)							
the specification of which			(Title of the Invention)							
is attached hereto										
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number	an	nd was am	nended on (MM/DD/YYYY)	(1)	if applicable).					
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to d as defined in 37 CFR 1.56.	isclose to the Patent	and Trad	emark Office all information	known to me to be materia	l to patentability					
certificate, or 365(a) of any America, listed below and h	PCT international ap ave also identified b	pplication elow, by	19(a)-(d) or 365(b) of any for which designated at least on checking the box, any foreign a filing date before that of the	e country other than the Un application for patent or i	nited States of nventor's					
Prior Foreign Application Number(s)	Country		Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Numb	Priority Claimed? er YES NO					
PCT/US99/11585	PCT		05/26/1999	20193-PCT	X					
			-							
Additional foreign applica	tion numbers are listed	l on a supp	lemental priority data sheet PTO/S	SB/02B attached hereto:						
l hereby claim the benefit under	35 U.S.C. 119(e) of an	y United S	tates provisional application(s) lis	ted below.						
Application Number(s)			Filing Date (MM/DD/YYYY)	Attorney Docket Number						
60/087,308		05/29/1	998	20193PV						

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

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Addition	al U.S.	or PCT internationa	ıl applicati	on numbe	ers are lis	ted on	a supple	men	ıtal priority	data	sheet	PTO/SB	/02B atta	ached hereto.	
	istered p	I hereby appoint, re- ractitioner(s) to pro Cust OR	osecute thi	s applica								Tradema Place	ark Offic		ion, the
						registr	ation nu	mbe	r listed be	low					<u> </u>
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Michael D. Yal	blonsky		40,	407			Jack L.	Tril	bble					32,633	
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Country	USA	JSA Telephone (7:				(732)	32)594-4678 Fax					(732)594-4720			
belief are be the like so m	lieved to nade are	all statements medical be true; and fur punishable by fir validity of the appropriate the second state of	ther that ne or imp	these sta orisonme	atements ent, or be	were	made v	with U.S	the knov	vled	ge that	t willful	false s	tatements a	nd
Name of Sole o	r First	Inventor:					A pe	etitio	on has be	en fi	led for	r this ur	signed	inventor	
Gi	ven Na	me (first and m	iddle [if	f any])					F	am	ily Na	ime or	Surnar	me	
Mohammed						1	El-Sherl	bein	ıi			1			
Inventor's Signature										Da	te				
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Additional inventors are being named on the __1_ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.



DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							linventor					
Given Name (first and middle [if any])				\top	Family Name or Surname							
Barbara				A	zzolin	ıa						
Inventor's Signature				Date								
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Give	n Na	ame (first and middle [if	any])					F	amily Na	ame or Surnan	ne	
Inventor's Signature									Date			
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City		Rahway					NJ		ZIP	07065-0907		
Name of Addition	ıal Jo	oint Inventor, if any:				Aŗ	etitic	on has be	en filed fo	or this unsigned	inventor	
Given	Given Name (first and middle [if any]) Family Name or Surname							ne				
Inventor's Signature									Date			
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Name of Addition	ıal Jo	oint Inventor, if any:				Ap	etitic	on has be	en filed fo	or this unsigned	inventor	
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Inventor's Signature								Date				
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